

## II. NUTRITION SERVICES

(Please indicate) State Agency: CA for FY 2013

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies are encouraged to refer to the quality WIC Nutrition Services Standards, available on the [www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks) for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS). (Questions on Dietary Assessment can be found in VIII, Certification, Eligibility and Coordination.)

**A. Nutrition Education - 246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support.

**B. Food Package Design - 246.10 (c)(1-3); (e)(1-12):** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package.

**C. Staff Training - 246.11(c)(2):** describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

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### A. Nutrition Education

#### 1. Nutrition Education Plans (§246.11)

- a. **The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c))**

☒ Yes ☐ No

- b. **The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11 (c)(7), (d), and (e) of this section. (§246.11(c)(5))**

☒ Yes ☐ No

- c. **The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))**

☒ Yes ☐ No

- d. (i). **The State agency requires that local agency nutrition education include:**

- ☒ a needs assessment  
☒ goals and objectives for participants  
☒ evaluation/follow-up  
☐ other (list): \_\_\_\_\_

- (ii). **The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:**

- ☐ quarterly or annually written reports  
☐ year-end summary report  
☐ annual local agency reviews  
☒ other (specify): bi-annual local agency reviews

- e. **State policies reflect the definition of "nutrition education" as defined in §246.2 and in the Child Nutrition Act. The definition is "Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual."**

☒ Yes ☐ No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation):**

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### A. Nutrition Education

#### 2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

##### a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:

☒ Yes ☐ No

##### b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- ☒ State-developed questionnaire issued by local agencies  
☒ Locally-developed questionnaires (need approval by SA: ☐ Yes ☒ No)  
☒ State-developed questionnaire issued by State agency  
☒ Focus groups  
☒ Other (specify): **Field testing with ppts at local agencies**

##### c. Results of participant views are:

- ☒ used in the development of the State Plan  
☒ used in the development of local agency nutrition education plans and breastfeeding promotion and support plans  
☐ other (specify):

### ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

**3. Nutrition Education Contacts (§246.11(a)(1-3):** *(1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.*

##### a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child

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### A. Nutrition Education

**participants themselves at least two ( $\geq 2$ ) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:**

- ☒ local agency addresses in annual nutrition education plan
- ☐ state nutrition staff monitoring annually during local agency reviews
- ☐ local agency providing periodic reports to State agency
- ☒ other (specify): bi-annual local agency reviews

**b. The State agency has developed minimum nutrition education standards for the following participant categories:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> pregnant women   | <input checked="" type="checkbox"/> breastfeeding women    |
| <input checked="" type="checkbox"/> postpartum women | <input checked="" type="checkbox"/> infants                |
| <input checked="" type="checkbox"/> children         | <input checked="" type="checkbox"/> high-risk participants |

**The minimum nutrition education standards address:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> number of contacts  | <input checked="" type="checkbox"/> documentation |
| <input type="checkbox"/> protocols  | <input checked="" type="checkbox"/> referrals     |
| <input type="checkbox"/> breastfeeding promotion and support  | <input checked="" type="checkbox"/> care plans    |
| <input type="checkbox"/> information on drug and other harmful substance abuse                            |   |
| <input type="checkbox"/> counseling methods/teaching strategies   |   |
| <input type="checkbox"/> content (WIC appropriate topics)   |   |
| <input type="checkbox"/> nutrition topics relevant to participant assessment                              |   |
| <input type="checkbox"/> appropriate use of educational reinforcements (videos, brochures, posters, etc.) |   |

**c. The State agency allows the following nutrition education delivery methods:**

- ☒ face-to-face, individually or group
- ☒ online/Internet
- ☒ telephone
- ☒ food demonstration
- ☒ a delivery method performed by other agencies, i.e., EFNEP
- ☐ other (specify):

**d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:**

- ☒ individual nutrition education contacts tailored to the participant's needs.
- ☐ group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- ☐ other (specify):

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**e. An individual care plan is provided based on:**

- |                                     |                                    |                                     |                     |
|-------------------------------------|------------------------------------|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | nutritional risk                   | <input checked="" type="checkbox"/> | CPA discretion      |
| <input type="checkbox"/>            | priority level                     | <input checked="" type="checkbox"/> | participant request |
| <input checked="" type="checkbox"/> | healthcare provider's prescription | <input type="checkbox"/>            | other:              |

**f. Individual care plans developed include the following components:**

- | <b>Must Include</b>                 | <b>May Include</b>  |
|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> individualized food package   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> identification of nutrition-related problems   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> nutrition education and breastfeeding support  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> a plan for follow-up   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> referrals   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> timeframes for completing action plan  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> documentation of completing action plan  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> a practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> other (specify): document participant understanding of nutrition education received and/or behavior changes made.  |

**g. Check the following individuals allowed to provide general or high-risk nutrition education:**

- | <b>General Nutrition Education</b>  | <b>High-risk Nutrition Contact</b>  |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Paraprofessionals (non B.S. degree with formal WIC training by SA or LA) |
| <input type="checkbox"/>            | <input type="checkbox"/> Licensed Practical Nurses  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Registered Nurses   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> B.S. in Home Economics  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> B.S. in the field of Human Nutrition                          |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Registered Dietitian or M.S. in Nutrition (or related field)  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Dietetic Technician (2-year program completed)                |
| <input type="checkbox"/>            | <input type="checkbox"/> Other (specify):   |

**h. The State agency allows adult participants to receive nutrition education by proxy.**

- ☐ No
- ☒ Yes (If yes, check the applicable conditions below):
- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | proxy is spouse/significant other                  |
| <input checked="" type="checkbox"/> | proxy is parent of adolescent prenatal participant |
| <input checked="" type="checkbox"/> | proxy is neighbor                                  |
| <input type="checkbox"/>            | only for certain priorities (specify):             |

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### A. Nutrition Education

☒ other (specify): **a proxy is an individual chosen by the participant or parent/caretaker applying on behalf of an infant or child.**

i. **The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.**

☐

No

☒

Yes (If yes, check the applicable conditions below):

☒

proxy is grandparent or legal guardian of infant or child participant

☒

proxy is neighbor

☐

only for certain priorities (specify):

☒

other (specify): a proxy is an individual chosen by the participant or parent/caretaker applying on behalf of an infant or child.

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation):**

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- 4. Nutrition Education Materials** (§246.11(c)(1,3,4,6,7): The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff .

Sharing material with the Child and Adult Care Food Program (CACFP) as part of the Healthy, Hunger-Free Kids Act of 2010: *A State agency may allow the local agencies or clinics under the State agency to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program, if a written materials sharing agreement exists between the relevant agencies.*

- a. The State agency recommends and/or makes available nutrition education materials for the following topics:**

	English	Spanish	Other languages (specify):
General nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese, Hmong, Chinese, Russian, Armenian
Specific nutrition-related disorders	<input type="checkbox"/>	<input type="checkbox"/>	n/a
Maternal nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chinese Vietnamese, Hmong,
Infant nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese Vietnamese, Hmong,
Child nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese Vietnamese, Hmong,
Nutritional needs of homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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Nutritional needs of Native Americans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chinese Vietnamese, Hmong,
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Food Safety Armenian, Hmong	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vietnamese, Chinese, Russian,
Physical activity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.**

- b. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:**

<input checked="" type="checkbox"/> content	<input checked="" type="checkbox"/> reading level/language	<input checked="" type="checkbox"/> graphic design
<input checked="" type="checkbox"/> cultural relevance	<input type="checkbox"/> Other: _____	

- c. Locally-developed nutrition education materials must be approved by State agency prior to use.**

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- d. If planning to share materials, State agency established a written materials sharing agreement between the relevant agencies to allow local agencies to share nutrition educational materials with institutions participating in the Child and Adult Care Food Program at no cost to that program.

☒

Yes

☐

No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation):**

### 5. Nutrition Education Needs of Special Populations

**The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):**

**M**

**H**

**S**

**B**

☒☒☒☒

providing nutrition education materials appropriate to this population and language needs

☒☒☒☒

providing nutrition curriculum or care guidelines specific to this population

☒☒☒☒

requiring local agencies who serve this population to address its special needs in local agency nutrition education plans

☐☐☒☒

arranging for special training of local agency personnel who work with this population

☒☒☒☒

distributing resource materials related to this population

☒☒☒☒

encouraging WIC local agencies to network with one another

☒☒☒☒

coordinating at the State and local levels with agencies who serve this population

☐☐☐☐

other (specify): \_\_\_\_\_

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation):**

### 6. Breastfeeding Promotion and Support Plan

- a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

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### A. Nutrition Education

- ☒ activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ identification of breastfeeding promotion and support materials
- ☒ procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps, breastshells, nursing supplementers, and nursing pads and bras).
- ☒ training for State/local agency staff.
- ☒ designating roles and responsibilities of staff
- ☒ evaluation of breastfeeding promotion and support activities
- ☐ other (specify):

**b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):**

- ☒ a policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- ☒ a requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- ☒ a requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- ☒ a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- ☒ participant assessment
- ☒ food package prescription
- ☒ data collection
- ☒ referral criteria
- ☒ peer counseling
- ☐ other (specify):
- ☐ other (specify):

**State agencies that receive WIC Breastfeeding Peer Counseling Funds complete item 7.**

**7. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components:**

**a. An appropriate definition of peer counselor defined as follows: paraprofessional; recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic**

☒ Yes ☐ No

**b. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level**

☒ Yes ☐ No

## NUTRITION SERVICES

### A. Nutrition Education

**c. Defined job parameters and job descriptions for breastfeeding peer counselors**

☒ Yes ☐ No

**If yes, the job parameters for peer counselors (check all that apply):**

- ☒ Define settings for peer counseling service delivery
- ☒ Home (peer counselor makes telephone calls from home)
- ☒ Participant's home (peer counselor makes home visits)
- ☒ Clinic
- ☒ Hospital
- ☒ Define frequency of client contacts
- ☒ Define procedures for making referrals

**d. Adequate compensation and reimbursement of breastfeeding peer counselors**

☒ Yes ☐ No

**e. Training of State and local management staff through *Using Loving Support to Manage Peer Counseling Programs* training curriculum**

☒ Yes ☐ No

**f. Training of WIC clinic staff about the role of the WIC peer counselor**

☒ Yes ☐ No

**g. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):**

- ☒ documentation of client contacts
- ☒ referral protocols
- ☒ confidentiality
- ☒ other, (specify) staff qualifications and duties, training, program requirements

**h. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):**

- ☒ regular, systematic contact with peer counselor
- ☒ regular, systematic review of peer counselor contact logs
- ☒ regular, systematic review of peer counselor contact documentation
- ☒ spot checks
- ☐ other, (specify)

**i. Establishment of community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):**

- ☒ breastfeeding coalitions

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### A. Nutrition Education

- ☒ businesses
- ☒ community organizations
- ☐ cooperative extension
- ☒ La Leche League
- ☒ hospitals
- ☒ home visiting programs
- ☒ private clinics
- ☐ other, (specify)

**j. Adequate support of peer counselors by providing the following (check all that apply):**

- ☒ timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- ☒ regular contact with supervisor
- ☒ participation in clinic staff meetings as part of WIC team
- ☒ opportunities to meet regularly with other peer counselors
- ☐ other, (specify)

**k. Provision of training and continuing education of peer counselors (check all that apply):**

- ☒ standardized training using *Loving Support through Peer Counseling* curriculum
- ☒ ongoing training at regularly scheduled meetings
- ☐ home study
- ☒ opportunities to "shadow" or observe lactation experts and other peer counselors
- ☒ training/experience to become senior level peer counselors, IBCLC, etc.)
- ☐ other, (specify)

**l. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities.**

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): WIC Program Manual 630-10**

## II. NUTRITION SERVICES

### B. Food Package Design

#### 1. Authorized WIC-Eligible Foods

a. **Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:**

b. **The State agency considers the following when making decisions about authorizing WIC-eligible foods other than infant formula:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Federal regulatory requirements | <input checked="" type="checkbox"/> nutritional value          |
| <input checked="" type="checkbox"/> participant acceptance          | <input checked="" type="checkbox"/> cost                       |
| <input checked="" type="checkbox"/> statewide availability          | <input checked="" type="checkbox"/> participant/client request |
| <input checked="" type="checkbox"/> healthcare provider request     | <input type="checkbox"/> other (specify):                      |

c. **The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.**

☒ Yes ☐ No

**If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):**

Fat	<ul style="list-style-type: none"><li>• Low or reduced fat peanut butter is not allowed</li><li>• Low or reduced fat cheese is allowed</li></ul>
Sugar/Artificial Sweeteners	<ul style="list-style-type: none"><li>• Fruits and vegetables with artificial sweeteners are not allowed</li><li>• Low sugar peanut butter is allowed</li></ul>
Fiber	<ul style="list-style-type: none"><li>• Preference is given to breakfast cereals containing 20% or more of the Daily Value (5 grams) for fiber per serving</li><li>• Whole grains with added fiber are not allowed</li><li>• Infant foods with added fiber are not allowed</li></ul>
Additives	<ul style="list-style-type: none"><li>• For juice, additives such as ginseng, taurine, wheatgrass, and other ingredients are not allowed.</li><li>• For eggs, vitamin-enriched eggs are not allowed.</li><li>• Infant foods with DHA or prebiotics are not allowed</li><li>• Infant cereal with additives, including DHA, ARA, and probiotics are not allowed.</li></ul>
Sodium	<ul style="list-style-type: none"><li>• Preference is given to breakfast cereals containing less than 400 mg sodium/100 g cereal</li><li>• Low sodium peanut butter, canned fish, and canned beans are allowed</li><li>• Low sodium tomato and vegetable juice are allowed</li></ul>
Folic Acid	<ul style="list-style-type: none"><li>• Preference is given to breakfast cereals containing 50% or more of the RDA for folic acid</li></ul>
Food Colorings, Flavorings, Artificial Dyes	<ul style="list-style-type: none"><li>• Preference is given to breakfast cereals free of food colorings, artificial flavorings or dyes, or spices unless the nutritional benefit of the product is compelling and justifies including it</li><li>• Flavored milk, tofu, and soy beverage are not allowed</li></ul>

NUTRITION SERVICES  
**B. Food Package Design**

**d. WIC Formulas:**

**(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.**

☒ Yes ☐ No

**(2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).**

☐ Yes ☒ No

**(3) The State agency requires medical documentation for non-contract infant formula.**

☐ Yes ☒ No

**(4) The State agency requires medical documentation for WIC eligible medical foods.**

☒ Yes ☐ No

**e. Rounding:**

**(1) Does the State agency issue infant formula according to the specific rounding methodology per section 246.10(h)(1)?**

☐ Yes ☒ No

**(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?**

☐ Yes ☒ No

**(3) Does the State agency issue infant foods according to the specific rounding methodology per section 246.10(h)(2)?**

☐ Yes ☒ No

**(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?**

☐ Yes ☒ No

NUTRITION SERVICES  
**B. Food Package Design**

- f. Check below as applicable to best describe the State agency's policies on issuing these formulas. All of the formulas below are required by the Federal regulations to have medical documentation for issuance purposes:

<b>Ready-to feed</b>	<b>Low-iron; low-calorie; high calorie <u>formulas</u></b>	<b>Non- contract infant <u>formula</u></b>	<b>Exempt/ WIC-eligible medical foods</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Not authorized by the State agency
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only authorized for specific diseases/ conditions identified by State agency
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State agency approval required
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify): <u>homeless</u>

- g. Is infant formula issued in the 1<sup>st</sup> month to partially breastfed infants?

☒ Yes ☐ No

- h. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.

☒ Yes ☐ No

- i. State agency authorizes local agencies to issue a non-contract brand infant formula that meets requirements without medical documentation in order to meet religious eating patterns:

☐ Yes ☒ No

**ADDITIONAL DETAIL: Nutrition Services Appendix  
and/or Procedure Manual (citation): WPM 600-01**

**2. Nutrition Tailoring**

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### B. Food Package Design

- a. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially Breastfeeding
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children
<input checked="" type="checkbox"/>	<input type="checkbox"/>	State agency does not have standard (i.e., pre-tailored) food packages

- b. If the WIC food packages do not provide the maximum amount for every food in accordance with the Federal WIC regulations at Section 246.10, then the State agency specifies participant categories receiving an individually tailored package.

#### Individual tailoring

Pregnant women/Partially Breastfeeding	<input checked="" type="checkbox"/>
Fully Breastfeeding women	<input checked="" type="checkbox"/>
Postpartum, non-breastfeeding women	<input checked="" type="checkbox"/>
Infants	<input checked="" type="checkbox"/>
Children	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

- c. The State agency provides a specially tailored package for:

- ☒ Women/children with special dietary needs  
☒ Homeless individuals  
☐ Residents of institutions  
☒ Other (specify): **For infants with medical conditions whereby health plan does not provide 100% of the amount of formula prescribed, WIC provides the balance amount of the prescribed formula.**

Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual reference below.

**ADDITIONAL DETAIL:** Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation): Food Package Job Aid

- d. The State agency develops written nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:

☐ does not develop nutrition tailoring policies



## NUTRITION SERVICES

### B. Food Package Design

- ☒ develops based on (check all that apply):
- ☐ category
  - ☐ age
  - ☒ nutrition risk/nutrition need
  - ☐ priority
  - ☒ participant preference
  - ☒ household condition
  - ☐ administrative concerns
  - ☒ other (specify): medical condition; health plan coverage of therapeutic product

e. **The State agency allows local agencies to develop specific tailoring guidelines.**

- ☐ Yes ☒ No

**If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:**

- ☐ Local agencies are required to submit tailoring guidelines for State approval
- ☐ Local agency tailoring guidelines are monitored annually during local agency reviews
- ☐ Other (specify):

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

### 3. Prescribing Packages

a. **Individuals allowed to prescribe food packages:**

	<b>Standard food package</b>	<b>Individually-tailored food package</b>
CPA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u><b>RD, DN</b></u>	<u><b>RD, DN</b></u>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**

## II. NUTRITION SERVICES

### C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	Professionals		Paraprofessionals (may or may not be CPAs in some States)	
	<u>Regularly</u>	<u>As Needed</u>	<u>Regularly</u>	<u>As Needed</u>
General nutrition education methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition counseling techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maternal, infant, and child nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Customer service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immunization screening/referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (specify):				
Civil Rights Training is available on the WIC website for trainers and trainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):**